

## **H. Res. 261**

### ***In the House of Representatives, U.S.,***

*October 6, 2005.*

Whereas chemotherapy for cancer patients is primarily furnished in physician offices and is therefore subject to the revised method for determining payment amounts;

Whereas in 2005 the Medicare program instituted a demonstration project to assess the quality of care for patients undergoing chemotherapy by collecting data on the impact of chemotherapy on cancer patients' quality of life;

Whereas the demonstration project is a strong effort to improve the quality of cancer treatment by assessing pain, nausea and vomiting, and fatigue;

Whereas the demonstration project reflects a foundation to evaluate important patient services moving forward;

Whereas payment amounts under the demonstration project have mitigated the significant reductions in Medicare support for chemotherapy services that would otherwise have gone into effect;

Whereas reports by the Department of Health and Human Services and the Medicare Payment Advisory Commission regarding any adverse effects from the changes in the reimbursement method for chemotherapy services are not due until late 2005 and January 1, 2006;

Whereas the demonstration project achieves the concurrent objectives of collecting data to improve the quality of cancer care and maintaining financial support for cancer chemotherapy pending the completion and review of studies on the recent reimbursement changes;

Whereas it may be possible to modify the demonstration project to collect additional or different data elements that would make it even more useful in enhancing the quality of cancer care; and

Whereas it is essential that the access of Medicare cancer patients to chemotherapy treatment be maintained and in the strong interest of patients that the quality of their care be assessed and improved: Now, therefore, be it

*Resolved*, That it is the sense of the House of Representatives that—

(1) the Centers for Medicare & Medicaid Services should extend through 2006 the Medicare demonstration project to assess the quality of care for patients undergoing chemotherapy, and then thoroughly review the merits of the demonstration project;

(2) the Centers for Medicare & Medicaid Services should use the results of this demonstration project to develop a system to pay for chemotherapy services under Medicare based on the quality of care delivered and the resources used to deliver that care, including physician performance;

(3) the demonstration project should be modified to accumulate even more useful data relating to the quality

of care furnished to Medicare patients with cancer, such as the clinical context in which chemotherapy is administered, and patient outcomes; and

(4) payments to physicians for participation in the demonstration project should facilitate continued access of Medicare patients with cancer to chemotherapy treatments of the highest quality.

Attest:

*Clerk.*